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CLINICS.

CLINICAL LECTURE.

Lecture on Vaccination—Delivered at St. Mary's Hospital Medical School. By GRAILY HEWITT, M.D., Lecturer on Midwifery and Diseases of Women and Children. (Continued from page 76.)

Is the protective power of vaccination affected by lapse of time? This is a most interesting question, involving as it does the decision as to the necessity or otherwise of *revaccination*. It would appear that after the lapse of a certain number of years the protective power of vaccination has a tendency, more marked in some individuals than others, to wear out, and a resusceptibility to smallpox arises. The history of revaccination lends support to this view, which is, as Dr. Budd has recently very justly observed, supported by what physiology teaches in reference to the change and renovation of the body, it being the fact that about every seven years the body is physically completely changed and renewed.

Some statistics as to the history of revaccination in the Prussian Army (from Mr. Simon's work), must be mentioned in connection with this subject. For many years past it has been the custom to revaccinate every soldier admitted into the Prussian army. In 1833, the system of revaccination in the army was begun; and in that year the percentage of cases in which the vaccination took effect was 33. The percentage of revaccination success has progressively increased since that time, the percentages each year being represented by the following figures:—33, 39, 42, 46, 49, 50, 52, 54, 57, 58, 57, 58, 60, 64, 64, 64, 61, 64, 69, 69, 69, 70; so that the percentage has increased from 33 to 70 per cent.

These figures prove that in Prussia—a country in which, so far as is known, vaccination is well attended to—the first vaccination has been followed by a resusceptibility to the vaccine disease, which is not represented constantly by the same figure. These statistics lead probably to the view that the efficacy of the vaccine lymph used

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throughout Prussia has deteriorated in process of time. The latter is a point which will be specially referred to in the next lecture. But we are now concerned with another question: the possible wearing out of the protective power of vaccination against smallpox by lapse of time. It is reasonable to infer that if a resusceptibility to the vaccine disease be shown to arise in the individual, a like resusceptibility to smallpox will concurrently arise in that particular case; and the impression has been for several years past here gaining ground that revaccination is proper, and even necessary, once or more in the life of the individual. Mr. Marson states that during seventeen years not a single servant or nurse belonging to the Smallpox Hospital has taken smallpox, and the universal custom has been to revaccinate the servants, nurses, and attendants in or about the hospital on entering on their employment at this institution. It does not appear that the goodness of the first vaccination necessarily extends the limit which time usually places on the vaccination as protective from susceptibility to the vaccine disease; in other words, an individual well vaccinated at first may be found as liable to take the vaccine disease after the lapse of twenty years as one imperfectly or badly vaccinated. *For the time*, and probably in by far the majority of individuals, good vaccination is almost absolutely protective; but after the expiration of a time, which appears to vary in different individuals, which is influenced by idiosyncrasy or some unknown cause, a resusceptibility to the vaccine disease—and probably also consequently to the smallpox—arises, whether the primary vaccination have been good or bad. If the effect of good primary vaccination wear out in course of time, *à fortiori* must the effects of bad vaccination wear out proportionately sooner. The conclusion to be drawn as to revaccination is, that revaccination should be performed at the age of puberty, and perhaps again at the age of twenty-five or thirty, and that it is desirable also to revaccinate at other ages than these during epidemics of smallpox, and especially in the case of individuals likely to come into contact with smallpox patients.

History and nature of vaccination.—For a full account of the early history of vaccination, and of the manner of which, step by step, our countryman Jenner arrived at a discovery which is emphatically *the* discovery of modern times, I must refer you to the numerous works on the subject, and especially to the Report on Vaccination, by Mr. Simon, before alluded to. Time will only allow me to remind you of the chief facts. Jenner performed his first vaccination in 1796, the subject of the operation being a boy aged eight. This child was afterwards inoculated with smallpox without effect. In 1798 Jenner published his essay on the subject. In 1801 six thousand individuals had been vaccinated; and Parliament voted Jenner the sum of £30,000 in recognition of the importance of his discovery.

The disease known as the vaccine disease, and which is witnessed on the udder of the cow, is in reality the smallpox affecting the animal. In this country, Mr. Ceely, of Aylesbury, and Mr. Bradcock, of Brighton, have proved that this is the case by inoculating cows with smallpox; and well-marked vaccinia has thus been produced. From cows so inoculated individuals have been vaccinated, the results being identical with those of vaccination with matter as ordinarily obtained from the cow. It is probable that if these facts had been known at the time Jenner made his discovery, much of the prejudice which he had to encounter would have been removed. Individuals had an objection to taking the disease of an animal, but there would naturally be less objection to taking a disease the identity of which with smallpox had been proved. Jenner surmised that it was so, as is evident from the name which he gave to the disease—"variolæ vaccinæ." The vaccine disease, then, is the smallpox which has passed through the cow, and which has, in so passing through the cow, become so modified that, when reconveyed to the human subject, it gives rise to a disease of exceedingly slight intensity, but which nevertheless is still the smallpox. For a full account of the vaccine disease I must refer you to the ever-to-be quoted paper in the "Transactions of the Provincial Medical and Surgical Association," vol. viii., by Mr. Ceely, of Aylesbury.

In the next place, we must consider *the phenomena produced by vaccination in the human subject*. The necessary outline of the subject now to be given must be completed by actual inspection and comparison of vaccinated cases, opportunity for which

is afforded you at an adjacent public vaccination station. This practical study of the subject is absolutely essential.

Vaccination for the first time.—After the arm has been punctured, and the vaccine lymph introduced, the first effect is identical with that which would be observed if the lancet had been uncharged with lymph; it so remains during the next two days; and it is only on the third day, or towards the end of the third day, that appearances are observed about the wound of an unusual character. It then becomes red and slightly elevated. On the fifth day the cuticle covering this little red spot is elevated into a small pearl-coloured vesicle: and this vesicle evidently contains a fluid. The vesicle varies in shape according to the shape of the incision made—it is round if a simple puncture be made; it is oval if there has been a small incision in the skin. On the eighth day—that is to say, at the close of the seventh day—the vesicle has become much larger; and it is then in perfection, as it is termed. The margin of the vesicle is turgid and elevated; the colour is now somewhat yellow, not quite so transparent as it was, and, on close inspection, it is evident that the vesicle is cellular, and divided by septa, there being from ten to fourteen cells in each vesicle. Moreover, the vesicle is what is termed umbilicated, having a depression in the centre, over which part there is no elevation of the cuticle into bladders. After the eighth day there is formed what is termed the areola, the skin around the vesicle becoming red, sometimes of a deep red tinge; the surface of this areola becomes tense, hot, and at the same time painful; the areola is usually circular. If the points of vaccination be close to each other, there will be a large red spot surrounding the whole, extending sometimes a considerable distance up and down the arm. An occasional but very rare result, and one which appears to be connected with the use of bad lymph, is inflammation of the cellular tissue of the arm. The glands of the neck and armpit are usually slightly swollen. During the eighth and ninth, or even tenth day, the increase in the size of the vesicle goes on. It is extremely important that the two things—the *perfection* of the vesicle and its *greatest size*—should not be confounded. The vesicle is in perfection on the eighth day; but it is at its largest size on the ninth or tenth day. On the eleventh day the vesicle begins to fade, the lymph within becomes absorbed or the vesicle breaks and it is discharged, and a scab forms, which becomes hard, dense, firm, and black, and finally falls off at a time which varies from the eighteenth to the twenty-first day after the performance of vaccination. There is left behind it a cicatrix, which is quite indelible if the vaccination be efficient. Such is the course of the disease normally.

Occasionally there is observed what is termed "retardation" of the disease, and this may take place up to sixteen days, possibly even later. The arm does not "take" so early as it should do, although the disease, after it has begun to take, may go through the same course as that ordinarily observed. On the other hand, a too early taking of the vaccination indicates irregularity, and is usually due to some defective character of the lymph used.

Secondary vaccination.—As a rule, when vaccination has once been performed, the individual is no longer susceptible to the *regular* vaccinia. The effect of the vaccination is, under these circumstances, that irritation is set up analogous in *kind* to that observed in primary vaccination, but the disease sets in quickly, the redness often beginning immediately after the operation; the vesicles are imperfect; there is little evidence of presence of fluid; the duration of the effect is only five or six days (although variations in this respect may be noted), and the scar left behind is correspondingly small, and wanting in the typical characters. In quite exceptional cases the secondary vaccination takes perfectly, and the course of the second vaccination is more nearly identical with that of the first. These cases, in reality, resemble those in which has been observed the occurrence of smallpox after good vaccination.

Characters of the cicatrix following good vaccination.—It is important that you should be aware of the characters of a perfect scar, and note them accurately. The scar resulting from good vaccination is usually circular; it is radiated, indented, and foveated, having a number of little pits upon its surface; and it has a well defined edge. Good cicatrices are generally of a considerable size. The size of a typical scar, such as would be observed after vaccination by the puncture of a lancet, which

is the ordinary method, is that of a three-penny piece—just five-eighths of an inch in diameter.

Now what are the characters of a defective scar? A defective scar is more or less wanting in all the characters mentioned. It is comparatively smooth; without indentation; without the little pittings; the edges are irregular and ill defined, and it is often very small.

Lastly, with reference to the phenomena of vaccination as ordinarily observed. Up to the seventh or eighth day the child is perfectly well, but there generally set in at this time some constitutional disturbance and signs of irritative fever. This varies in degree in different cases; it is sometimes considerable.

It need hardly be observed that the wound inflicted by the vaccination is, like other wounds, liable to be affected by injurious conditions of the surrounding atmosphere. Pyæmia may follow the use of bad lymph; erysipelas has in rare instances been observed. Ordinary care is sufficient to prevent such evils.—*Lancet*, June 13, 1863.

HOSPITAL NOTES AND GLEANINGS.

Dislocation of the Hip-joint in a man aged sixty-eight years, produced by slight Violence; Reduction.—The age of the patient and the slight violence which produced the dislocation in the following case are the chief facts of interest. In the diagnosis between fracture of the thigh-bone and dislocation of the hip stress is always laid upon the age of the patient, the former commonly occurring in advanced life from slight and simple causes, whilst the latter is rare and more usually seen in younger and stronger persons. As forming an exceptional instance, therefore, the following case will prove instructive to the pupil.

W. G——, aged sixty-eight, was admitted into St. George's Hospital, on June 19th, with supposed injury to the right hip-joint. Two days previous, while sitting on a log of wood about a foot high with a child on his knee, he slipped over, falling on his right hip, and the child falling on him. When he rose he found that he had lost nearly all power over the right leg, and he was in very great pain.

When seen by Mr. Pollock, there was found to be shortening of the thigh for about three-quarters of an inch. The foot was inverted. There was considerable motion of the thigh on the pelvis when the limb was moved on examination, but abduction was not obtainable. The head of the femur was evidently lodged in the sciatic notch. There was a great hollow below Poupart's ligament from the absence of the head of the femur in the acetabulum.

Under the influence of chloroform, and with the aid of pulleys, the reduction was successful in a few minutes. The patient recovered without any drawback, and left the hospital on July 1st, able to walk comfortably.—*Lancet*, Sept. 12, 1863.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Progress of the Medical Department of the Army under the Administration of Surgeon Hammond.—The following article, which we extract from the *American Medical Times* (Sept. 19, 1863), gives a just and calm statement of the services rendered by Gen. Hammond to the Medical Department of our army, and as we have reason to believe that these services are not generally known and sufficiently appreciated, we are induced to transfer it to our pages.

"The report has for some time been current that a commission has been appointed to examine into the management of the medical department of the army. Pending this investigation the Surgeon-General has been ordered to a distant service, and, as is customary, has been relieved temporarily of duty in the Medical Bureau.

"Meantime, it will not be uninstructive to review the progress of the Medical Department during the administration of Surgeon-General Hammond. The appointment of Dr. Hammond as Surgeon-General was itself the first fruit of the reorganization of the medical department. The practice had become firmly established of selecting the senior member of the staff as the chief, when the place became vacant. But such vacancy rarely if ever occurred except by death, and hence it happened that the oldest members of the staff were always well advanced in years. The rebellion found the Surgeon-General's chair filled by an octogenarian, who had long been incapacitated by age. His successors must for all time necessarily have been men of sixty or upwards, unless

an unusual mortality prevailed among the older members. There were senior surgeons who would have made experienced, active, and energetic officers. But this gigantic war found so many men of great age in important and responsible positions, requiring all the energy and endurance of middle life, that public opinion set strongly against the practice of allowing seniority to govern in the selection of heads of departments. Merit or special qualifications were strongly urged upon the authorities as the only safe rule in making such appointments. Influenced by this suggestion, the President selected Assistant-Surgeon Hammond for *Surgeon-General*, overlooking many capable senior surgeons who had laboured faithfully in the public service for a lifetime. In every respect Dr. Hammond seemed eminently qualified for the position. Ten years of service in the staff had rendered him familiar with the detail of routine duties, and placed him in sympathy with the regular corps. Distinguished as a teacher in a prominent medical school, and with a world-wide reputation as a scientific medical writer, he was the best possible representative of the medical profession, and of the volunteer corps. To these were to be added ardent patriotism, the vigour of middle life, and powers of physical endurance equal to any necessary task. The appointment was generally received with unqualified favour.

"On his accession to office the Surgeon-General at once set to work to give the greatest possible efficiency to the department. The field of its operations had gradually widened until it embraced a territory and detail hitherto unknown. The amount of labour thrown upon the department at that moment was enormous. Immense armies scattered far and wide over the continent, and rapidly moving from point to point, were to be supplied with medical and hospital stores, and their hygienic condition to be constantly guarded. Sanguinary battles, occurring almost daily, required the utmost promptness and dispatch to meet the great emergencies and supply the unavoidable waste of material. And, finally, a series of military hospitals was to be organized, and their management perfected on a scale hitherto entirely unknown in the history of war. To discharge the obligations which the war had imposed upon the department required not only rare executive abilities, and great energy in the chief officer, but it was of equal importance that administrative officers in every branch of the service should be honest, capable, and thoroughly qualified for the prompt dispatch of business. The internal changes in the staff necessary to effect these objects and put the machinery in proper working order, were effected with a bold hand, and necessarily created much ill feeling. Older surgeons, who had occupied prominent positions in time of peace, were succeeded by younger men, selected for their qualifications for special duties. Undoubtedly, in some of these changes, in a department so extensive, the right man was not always put in the right place, but of this there can be no doubt, viz., in his appointments to duty the Surgeon-General has aimed steadily to elevate the character of the Medical Staff of the Army, and to increase its efficiency.

"In addition to the ordinary routine of the department the war imposed the necessity of creating a series of military hospitals. The selections of sites, the choice of architectural plans, the erection of the buildings, and the final appointment of all their internal arrangements, required skill and labour of a kind that, at that time, was scarcely attainable in this country. To this work the Surgeon-General gave much of his personal attention, and to his enlightened and persistent supervision the country is under lasting obligations. A system of military hospitals was gradually developed, extending along the Atlantic coast from Boston to New Orleans, and on the banks of the Mississippi and its tributaries, which is the admiration of every intelligent observer. Not only do they for the most part illustrate the latest improvements and suggestions of sanitary science in their construction, but in their management they are models of exactness in administration and of success in the treatment of disease. We believe this system of military hospitals, inaugurated and perfected by Surgeon-General Hammond, will hereafter be referred to with just and honourable pride by the future historian of the war.

"But passing by the general affairs of the department, we find that the Surgeon-General has been unceasing in his efforts to enlarge its usefulness, to elevate the professional character and tone of the staff, and to seize every opportunity to make the experience of the individual members subserve

the cause of military medical and surgical science. Among his first acts was the reorganization of the Examining Boards, and raising the standard of qualification for admission to the regular and volunteer staffs. In this connection we should mention the plan of an Army Medical School, to be located at Washington, which has been so far perfected as to have the first course of lectures arranged for this fall, and the lecturers selected. No rational and unprejudiced person can doubt that such a school, properly conducted, would give to the medical staff a much better qualified class of junior officers than can be obtained directly from the medical schools. The Surgeon-General followed the example of the British Government, which, after years of experience with scattered professorships, finally consolidated the several chairs, and formed the British Army Medical School.

"The Army Medical Museum, founded by Surgeon-General Hammond, is an enterprise deserving of the highest praise. Already it begins to attract public as well as professional notice. It is now one of the richest collections in the world, illustrative of the surgery of war. The collection and preparation of materials for a future Medical and Surgical History of the War is another most important and meritorious undertaking. The materials for these volumes are very abundant, and of the most valuable kind. When completed, the history will illustrate the progress which the profession of the United States has made in military surgery. And we may add, no American surgeon need be ashamed of the record.

"But we have not space to pursue this review further. The medical department of the U. S. army, in its efficiency, in the character of its officers, and in the detail of all its operations, surpasses that of any similar foreign organization. It has indeed received the most unqualified compliments from English army medical authorities. It has also the confidence of the general public to an extent rarely attained by the best medical organization. Of the circumstances which led to the appointment of this commission we are ignorant, but presume it is based on one of those idle rumors of fraud and corruption which are now so freely in circulation in regard to other departments of government. The result of this investigation is foreshadowed in the following paragraph from an influential and well informed daily journal, and we anticipate the early return of the Surgeon-General to the responsible duties of his office: 'It was admitted that Dr. Hammond had performed wonders in organizing and systematizing a medical bureau such as never before existed in this or any other country. It is true that the Secretary of War did, some six weeks ago, appoint a commission composed of Govenor Reeder, Judge Hoard, and Major Barstow, to inquire into the condition and management of the Medical Bureau, and it had been whispered that in some particulars, not, however, affecting the efficiency of the medical department, censure to a slight degree might possibly be attached by this commission to the Surgeon-General or some of his subordinates; but everything adduced went to show that, so far as the appropriation for the purpose would admit, the wants of the sick and wounded of our armies had been supplied with most commendable promptness and completeness, both in the field and in the hospitals.'"

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Army Medical Intelligence.—Surgeon-General HAMMOND has gone on a tour of inspection of the hospitals on the southern and Gulf coast: and Surgeon Jos. K. Barnes, recently appointed Medical Inspector-General, has been temporarily assigned to duty as Acting Surgeon General.

Surgeon John M. Cuyler has been assigned to duty as Medical Inspector-General.

Dr. Frank H. Hamilton, U. S. A. Medical Inspector, has resigned, and his resignation has been accepted.

Surgeon Jos. R. Smith, late Acting Surgeon-General, has been ordered to St. Louis, Mo.

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Pennsylvania Hospital.—Dr. G. W. NORRIS has tendered his resignation as one of the surgeons of this Institution, a post which he has occupied for twenty-seven years, during all which time he has commanded the respect, esteem, and confidence of his colleagues and of the managers, and won the gratitude of the patients by his eminent skill, his great kindness, and his unwearied attention to his duties. He carries with him in his retirement the best wishes of all connected with the Hospital.

FOREIGN INTELLIGENCE.

Solidified Cod-Liver Oil.—M. DUFOURMARTEL, says the *Gazette Médicale de Lyon*, prepares this oil as follows: Brown cod-liver oil, one ounce; isinglass, eight drachms; water enough to dissolve the isinglass. Add the oil by degrees, taking care to remain within 77° of Fahrenheit; and, also, four drops of essence of aniseed. Various syrups, as those of phellandrium, bark, iodide of iron, &c., may be added to this jelly. A tablespoonful of it is equivalent to almost half an ounce of cod-liver oil, to thirty-two pills or capsules, and almost one ounce of the syrup. It would appear that a medical committee, appointed to examine this jelly, has reported very favourably upon it.—*Lancet*, Aug. 29, 1863.

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Money Value of a Reduced Death-Rate.—This is shown in startling figures in Dr. GAIRDNER'S work on Public Health. He assumes that there has been an average of 3750 lives saved annually by the sanitary improvements of the town of Liverpool. Basing the calculation of the value of a productive human life on the tables of Dr. Farr, he estimates that an annual saving of £617,500 has been effected, which, at twenty-five years' purchase, amounts to £15,437,500: deducting £1,059,387 for public and private works, there remains a net gain to the comunity of £14,378,113. Without inquiring minutely into the astounding figures which are adduced, there can be no doubt that sanitary regulations in such a town as Liverpool must have a decided influence on the value of human life. As these regulations not only mainly originated with, but have been carried out by members of the medical profession, the public cannot fail to appreciate the services with practitioners of medicine confer upon them not only in the treatment, but in the prevention of disease.—*Lancet*, Aug. 22d, 1863.

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Statistics of Lithotomy.—Dr. ZETT has contributed to the statistics of lithotomy the results of his practice, extending over a period of fifty-two years. He has performed the lateral operation 108 times; viz., in 103 men and 1 woman, with a fatal result in three cases only. The operation was performed three times on one man, and twice on each of two others. Seventy-three of the patients were from one to twelve years of age, and of these twenty-two were from two to four years old. Of men between thirty and seventy years old, only ten were operated on. The number of calculi extracted was 199 in 107 operations. In one case, 73 were removed; viz., 23 by extraction through urethra; 43 by incision of the urethra; one large calculus by lithotomy, and five two days later; and in another instance ten were removed. The success of M. Zett is attributed to the following circumstances; the general good health of the people; the youth of most of the patients; the absence of excessive hemorrhage and urinary infiltration; and his practice of drawing the skin to the right so as to form a covering to the wound. He also kept his patients without drink for some days before and after the operation.—*British Med. Jour.*, Jan. 17, 1863, from *Zeitschrf. für Wundärzte.*

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Urethrotomy.—It is stated (*British Med. Journ.*, Aug. 8, 1863), that of 108 cases in which Mr. SYME has performed this operation, in two only has it terminated fatally.

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Mortality in the British Army in India.—The Royal commission appointed to inquire into the mortality and diseases of the British army in India have presented their report, from which we extract the following facts:—

Taking the present century, the mortality among the Company's European troops has been 69 per 1000 per annum. The mortality is least under 20 years of age, and increases on the whole with age; being 56.4 per 1000 from 20 to 25 years of age, and 61.6 per 1000 from 40 to 45 years. At the age of 20, the expectation of life is only 17.7 years in India, as against 39.5 years at home; showing a loss to the soldier serving in India of 21.8 years. A man returning from India at 40 years of age loses, on an average, four years of life. The mean period of service in India is only 8.6 years. For every 100 men, 11 recruits are required annually. One thousand men are reduced to 96 in twenty years of service, in the following way. About 404 die; 146 are invalided; 35 buy their discharge; 90 retire from expiration of service; 10 are promoted; 197 are transferred; 18 desert; 3 disappear from other causes; and 96 remain. Half the army in India consists of men who have served less than six years; not more than

one-fourth are veterans of ten years' service. Out of an army of 70,000 British in India, 5,880 men (or 8.4 per cent.) are constantly sick.—*Brit. Med. Journ.*, Aug. 1, 1863.

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Drunkenness in England.—In the year ending at Michaelmas last 94,908 persons—260 a day—were proceeded against before justices in England for drunkenness, or for being drunk and disorderly, and 63,255 of them were convicted. The great majority were only fined, but above 7,000 were committed to prison. The returns show a great increase over the previous year, for only 82,196 were then charged with drunkenness, and only 54,123 convicted. Of the persons thus charged in the last year 22,560 were females, and more than 10,000 women were convicted for being drunk. Coroners' inquests in the year 1862 found 211 verdicts of deaths from excessive drinking, 145 men and 66 women thus ended their days.—*British Med. Journ.*, Aug. 1, 1863.

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Diseased Cattle.—Prof. GAMGEE, in the last number of the *Social Science Review*, gives some interesting details respecting diseased cattle in Great Britain, which may interest our readers:—

"Before 1842, the mortality amongst farm stock in this country was slight, and did not exceed one per cent. When the importation of foreign stock was sanctioned by Parliament, cattle plagues were prevailing on the continent, and one contagious malady, the foot and mouth disease, was first introduced. It was carried to the British Isles by breeding stock as early as 1840. The lung disease reached us in 1842, and the losses led to general alarm and the institution of insurance offices. These offices have been established in large numbers as mutual and as proprietary companies; but notwithstanding that every attention was paid in preparing proper tables of premium, in starting with a very large capital, and notwithstanding the encouragement given them, they have all failed. Insurance statistics prove that the general loss over the country amongst cattle amounts sometimes to seven per cent., and at least fifty per cent. of this loss depends on imported diseases. The money loss *per annum* in the United Kingdom varies from seven to eight million sterling, and by pleuropneumonia alone stock to the value of between three and four millions is annually carried off.

"The dairy cows kept in all large towns in the United Kingdom die off at a rate varying from fifty to seventy-five per cent. *per annum*. In the city of Edinburgh, in one year, 1075 diseased animals were slaughtered out of 1800 head of cattle; of these, 971 were slaughtered as human food and 284 sold as pigs' meat. In London alone, the money lost by disease amongst dairy stock amounts to considerably above £80,000 *per annum*. The loss amongst eighty-eight dairymen in Edinburgh amounted to not less than £12,000 in one year. The importation of foreign stock into this country has been the sole cause of the losses by the long plague, the foot and mouth disease, and the sheep pox; and the trade in diseased animals is disseminating these plagues and perpetuating them on British soil.

"The produce of diseased animals is sold all over the United Kingdom. It is only in exceptional instances that dying or dead cattle are buried. Good evidence[1] is supplied to show that this produce is inducing a large amount of disease in man; but as no one buys diseased meat or milk from choice, and is always defrauded when such material is supplied, it is evident that a check should be put on the practices of dishonest tradesmen.

"The contagious maladies might readily be prevented by stopping the admixture of diseased foreign with British stock; and by prohibiting the exposure of diseased animals in our public markets.

"Government should have a Veterinary Department in connection with the Privy Council Office, through which all information as to diseases amongst stock at home, or in the countries with which we trade, should be made available.

"All slaughter-houses should have a professional inspector to facilitate this system; no private slaughtering places should be allowed; and all town dairies should be under a rigid system of professional inspection."

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Garibaldi's Wound.—This is said to have entirely cicatrized.

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[1] On this point we must beg to differ with Professor Gamgee. What he states *may* be true, but assuredly the *good evidence* of its truth has not yet been supplied. EDITOR BRIT. MED. JOUR.